

COVID-19 Vaccine 12/8/2020 - RCC Unedited Transcript

>> SABLE DYER: Chair of the health equity working group and BDH support for our vaccine advisory work group. It is our honor and pleasure to invite you to our community conversation about the COVID-19 vaccine and that's particularly targeted for the Asian and Pacific islander community.

So first of all, we have had over 140 people registered for today's event. So we rbt aren't going to be doing a formal roll call but would love to get a sense of who has joined us for today. And we would love for you to introduce yourself voo ya the chat box and some of you may all be joining us via telephone. There will be an opportunity and a way for you to engage that way as well. You can engage us by contacting the office of health equity. On our e-mail address is Ohe@vdh.Virginia.gov and we are looking to having a robust and fantastic conversation with you all this evening. As an additional housekeeping note we want this so very active session and seeing some people are already beginning to introduce themselves via the chat. And we are hoping that you will all be able to utilize the chat function as well as the hand raising function because as much as we want to impart information to you all, we also want to provide an opportunity for us to hear from you. We have -- it is so important that we center our community here in our work at VDH. As folks are presenting and when we get to both the question and answer period from our VDH representative as well as during our public comment period we are hoping that you will be able to type your questions or comments in the chat or alternatively that you all would be able to raise your hand and we would have that option as well.

Also wanting to let everyone know that this session is being recorded. You want to make sure that this is going to be able to be a resource for other members of the Asian and Pacific identify lander community and we will be able to post that and be able to sebd send that out to all as follow-up for you all to share that with your networks.

So just wanting to let you know all know that we have made several accommodations for accessibility this evening. When some of you all registered there was specific accommodations requested for language translation, as well as for RCC closed captioning. And I'm going to press pause and allow -- we have two fantastic individuals who are helping us with the logistics for today. We have a Jasmine Smith who is the executive administrator and Veronica kozby who is our coordinator for partners in planned prevention. Veronica if you can go over on how people can access the cross closed captioning and lang translation?

>> Yes. Thank you for our Virginia relay RCC, closed captioning the link is in the chat box and the only thing just click ton and it will direct you to the Virginia relay link for closed captioning. If you are in need of additional translation services we did receive a request for Mandarin. So please select under the globe whereunder your toolbar where it says interpretation and select Chinese. The Mandarin language will be under that icon tonight. If you have any questions, please send it to me in the chat box. Thank you.

>> SABLE DYER: Thank you. So just I think it is real limb porn that everyone have an idea of what we are going to be doing, excuse me, in the time that we are going to have together today. So we have just gone over the housekeeping components. And just a few moments we are going to have opening remarks and then we are going to have understanding overview of how VDH is preparing for a vaccine dissemination efforts. And that is going to be part 1 of our conversation. Really as kind of us talking and walking through some pieces with you and then after the VDH vaccination overview we will have a Q and A. And then we are going to shift to part 2 and part 2 we are going to have a fantastic well comment and overview from Suja who is the Vice Chair of the Asian advisory board and then we are going to have an opportunity to hear from you all. I can see already we have nearly 100 people on our call so far today and we want to give as many people the opportunity to share their thoughts and their feelings about the vaccine. Share their questions and things that they want VDH to address as it relates to the Asian and Pacific islander community and we are using this to channel directly to our communication partners, to ensure that we are developing messages and engaging messengers because we know who is saying the message truly does matter and we are going to make sure that we are creating messages that are going to resonate and are appropriate for the Asian and Pacific islander community. And we have like a one-third, two-thirds wrap-up here. So our focus is going to be on this community -- on this public comment period and we are going to allow for ample space there. So I hope that you all are going to -- came with some ideas, questions comments and concerns and we will do our best to address those this evening.

So with that I just wanted to like go over this is an activity that's a collaboration between our health equity working group that is seeking to apply a health equity lens to COVID-19 and also with our vaccine advisory working group. To begin I am wanting to introduce to some and reintroduce to others Mona Siddiqui who is going to be giving remarks and greets from the governor's office. She is seen nor policy advisor for immigrant and refugee affairs office of diversity and equity and inclusion in the governor's office.

>> Mona: Can you hear me?

>> Thank you.

>> Thank you director Nelson Dyer. My name is Mona Siddiqui and I was recently appointed deputy chief diversity officer and senior policy advise to the governor's office of diversity equity and inclusion alongside with Dr. Janice underwood. And my charge is to further the governor's priority to build and adjust an inclusive Virginia for immigrant communities who have made their home in Virginia.

So a significant part of my role includes coordinating interagency efforts across secretary, across state agencies and relevant communities to identify and remove systemic barriers that prevent immigrants and refugees from full pi live participating in Virginia's workforce and this includes active engagement with the newly established office new Americans as well as the office of new Americans advisory board and I share all of this with you to let you know that it is the priority of our office to better underequity concerns that related to the vaccination, particularly the issue of access and trust in AAPI communities across the Commonwealth. And as a former member of

the Virginia Asian advisory board and American Pakistani heritage I have a personal and vested interest in health equity issues that impact our communities. These are important and difficult conversations, particularly because of the polarization in our political landscape we are having these challenging conversations to be able to accurately wade through fact versus fiction. So I really look forward to this conversation tonight. I will be listening intently. I will be taking notes. And taking the information that I learn back to our team at the office of diversity equity and inclusion to think deeply about these issues raised tonight and to take the issues and push the administration and all stakeholders towards genuine health equity as it relates to our vaccine implementation plan. My job is to make sure those who have been historically marginalized and underrepresented have a seat at the table and I'm honored to be that voice. I want to close by saying that I hope to gain your trust so that we can work together towards a Commonwealth that further spheres treatment and equal opportunities for our AAPI communities. So thank you director and I hand it back to you.

>> SABLE DYER: Thanks Mona. And I'm hoping that this is going to be the beginning of what hopefully will be several conversations. I know these are -- we have several friends and colleagues I'm sure on the line today. And hopefully we will be able to continue to open the doors between the office of diversity equity and inclusion and the office of new Americans as we are endeavoring to continue our efforts here.

So to continue, we are now going to move in to overview of how Virginia has been preparing for the COVID vaccine. And to begin I wanted to let you all know that Virginia as a Commonwealth of Virginia has been working incredibly hard. We have been engaged in our vaccine work since the summer. Just wanting to relay anyone's fears or concerns. Here in the Commonwealth of Virginia there a team of individuals working 80, 70, like 80, 90 weeks over the weekend, and who are truly passionate about protecting the health and promoting the well-being of our individuals of the Commonwealth across different racial and ethnic groups and also across different geographic groups. You want to make sure that both are urban and our rural populations are taken care of. And to that end we have tried to make sure because we understand that, you know, here where a lot of us are stationed here in Richmond we may not always have the best perspective in terms of what's happening across the Commonwealth. So something that the Virginia Department of Health has set up, has been a COVID-19 vaccine advisory working group. And we have several individuals, we have four subcommittees set up and our communications and messaging subcommittee is actually the group that has brought this presentation and this conversation to you today.

Our two chairs Gaylene and Dr. Wendy kline are on the line today. But they decided to step back and reserve their time because instead of us hearing from them they think it is more important that we hear from you. They have reserved their that way. I did want to share this website with you all. It is an open website. You all can visit it right now. And the image we have did does speak to the way that we are hoping that you can all the engage. Community voices and engagement is a critical piece to the puzzle

as we are seeking to develop our vaccine messages and making sure that we are meeting the needs of our residents here in the Commonwealth. So we are hoping that you will join us, all of our meets are public. You all can join and listen, the meeting notices and the information are all listed there.

And if there are people who should be at the table who aren't at the table we are happy to hear those additional pieces from there -- from you all there as well. So definitely encourage you all to check out that website and to gauge with us there because the vaccine is only going to be as effective as we can get folks to take it and to get folks to take it we are going to need you all to be engaged in that process. I am seeing -- thank you so much to -- I think it is Zoe for putting that -- the link in the chat. So you all can visit it there. And take a look at some really incredible work that VDH is doing. I want to highlight some of the grooit communications work that's being done. One of the reasons we are having this event to make sure what we are developing is going to be reflective of your needs. We have engaged the SOL team to help us develop messages. I want to highlight Kara Sedol and Todd are on the line. Just provide a broad overview of the communications plan that we have as it relates to the vaccine.

>> Thank you so much Sable. Do you have that slide or should I share my screen?

>> SABLE DYER: If you can share your screen, please.

>> Okay. Just very simple graphic to show you guys. I guess you shouldn't go through there. When we talk about messaging and all of the pieces that are going to support the vaccine rollout over the next couple of -- the fast part is the coming weeks and then the coming months, we are really looking at it as four phases. So you see we have blocked in yellow here that we have been working in phase 1. The vaccine is coming. It is really about making sure that all of the VDH's information is clear and very much engaging with the media. So that when you hear the news story and you hear different reporters talking about that vaccine a lot of that messaging is from work we have been doing with VDH. It is clear that VDH has a plan and it is equitable and the vaccine is safe we are working on education and information for health care providers, and for long-term care facilities at this time. That's our first rollout. We are really working in this place today to hear from you guys about phase 2 that the vaccine is here. We know we are about a week from rolling out in Virginia. But as it becomes more available to the public we want to make sure we have heard all of these very important points of view.

I just realized I'm not sharing. All these incredible points of view to make sure we can have the right messages to build trust and we are providing education and information and work with all of the stakeholders to promote vaccine acceptance throughout all of our stakeholders. As we move forward we will be talking about phase 3 and 4. We have a comprehensive research effort. We call that our walk phase. It is when we are going to have more engagement, we will have a lot of secondary research to give more information to fill those messages. But it is when the vaccine is available for other critical populations and general public. Finally what we calling the run phase, phase 4 is when the vaccine is available to everyone. So it is -- we know it is very

important to hear from the community and that's why we are here to listen to all the points of view that all have to share. And I will hand it back to you Sable.

>> Good afternoon everyone. Thank you so much for being on this first of many hopefully conversations as we prepare for a COVID vaccine to kind of talk through a little bit of what has appeared. I want to start with saying that as case counts rise in Virginia and across the United States, that the implementation of a successful COVID vaccination program becomes even more crucial. Vaccine planning, distribution and administration are certainly on the next steps in our overall efforts to protect Virginians. And are fortunate enough to have well over 100 members and they have -- we have been able to form four subwork groups which we have worked hard to ensure that they meet our needs. And that -- that includes vaccine safety and advocacy partnerships, barriers to vaccination and finally communications and messaging. We want to certainly highlight that we have this safety and efficacy group as it is a way in which that there is an independent review of the data and studies about the vaccines that are being developed. As of right now we know interest are two vaccines, two manufacturers, Pfizer and Madera who are applied for an FDA review and emergency use authorization. We believe that we are very close to having vaccine and per operation warp speed at least one or more COVID vaccines will be authorized for use in here in this month. We know that there will be limited vaccine supply. Which means that everyone will not get it right away. And ultimate goal is to vaccinate as many people as possible in order to prevent the spread.

>> SABLE DYER: Stefanie when people registered they have had the opportunity to raise some particular questions and some particular concerns and one of the questions that we got most frequently was about safety. What steps Virginia is taking to ensure the safety of the vaccine. If you you could speak to some those persons in terms of the steps that we have taken here in the Commonwealth.

>> I want to start with the CDC advisory work and their role in ensuring that in addition to science as well as I feasibility of implementation that their ethical principles that they have established can be summarized by four separate points. One, maximize benefits and minimize harm. That allocation should maximize the benefits of vaccination to both individual recipients and population overall. Two promote justice by intentionally ensuring that everyone has the opportunity to be vaccinated. This includes removing unjust and avoidable barriers to vaccination that disproportionately affects groups that have been economically or socially marginalized. Third, mitigate health inequities. And fourth, promote transparency. We have been working closely with the health equity group. We understand that there is ongoing work to ensure that the that there is equitable distribution as well as safe vaccines. The safety of Commonwealth and citizens is our No. 1 priority. There is currently no approved vaccine for COVID but when the vaccine has been submitted we anticipate the FDA to review all the data and we formed this independent advisory work group to help review this data in its entirety and we are very closely following and adopting the CDC advisory committee on immunizations.

>> The work of our safety and efficacy, is on the work group page that was listed in the chat by Zoe and put in the listed on the slide as well. So we encourage you all to read up on all of the great work that your fellow residents are doing to protect your health and to let you all know so you everyone has the information that they need to make informed decisions. So I'm getting ready to open things up for open up the lines for communication -- questions from the audience. So if you all are joining through the chat function, and you all have a question, if you could raise your hand via the chat function and we will be utilizing that to -- to recognize you for for you to answer your question or as you prefer you can write your question in the chat and we will provide a few moments to one of those two things happen either for you to raise your hand ve yacht Zoom or for you to type your question in the chat. Just going through the kre questions that are in the chat so far, I'm seeing a question from Sheila. She is talking -- she is concerned about the safety of the vaccine, especially of women of child bearing age. Do we have any clarification as to those issues?

>> Stefanie: We don't. We have seen that initial information appears that there is not -- not any studies in pregnant women and that -- that -- that's not uncommon typically at the beginning of a new vaccine, that there would be a lack of studies. I expect the studies will continue to build out in that area. What we have seen based on the initial data is that it would not likely be indicative for someone who is pregnant. We are waiting for ASIP to provide that data. We don't have that as of right now. And I think Sable, I'm going to go back to your comment about the information on the website. One of the things that the safety and efficacy subwork group has done they have continued to build on any data and information that's out there. And so in -- on website it does -- there is a button that says read for the most recent summary from this subwork group. So it -- the data that they -- the information and all of their compilation of all the data is continued to be updated and in fact, I think it was updated this week.

So it does have information like that. And we are certainly watching information that we can get and we are looking for ASIP to help clarify on women who are maybe -- may be pregnant.

>> SABLE DYER: Thank you for that clarification. I'm not seeing any hands raised. But the next question I see in the chat is about outreach to those who may be undocumented or may be afraid to seek care. So that question could either be entered by Dr. Wheawill or the advanced adult group. How are we going to do outreach to those who may be undocumented or afraid to seek care. Dr. Wheawill.

>> I'm happy to start and Ms. Siddall can add. We just had a conversation with the free clinics today. So we know that there is certainly some hesitancy, some concern. We do know that there is not a requirement to provide information that that will not be required and that -- and that -- can certainly not provide their demographics. We are working very closely with our Virginia free clinics. We recognize that they have been able to overcome a lot of the hesitancy and issues among some of these populations where there's certainly more concern and mistrust and hesitancy, and really looking to them to what has -- how they have been able to overcome it with a lot of their testing initiatives. And I don't know vans or Siddall you have anything to add?

>> I think those are really comprehensive answer. We will work to make sure we have all the information in multiple languages so it is accessible to different translations. And we also work with to make sure that we get the right tools to different communities so that the trusted messengers of those communities can be part of the outreach efforts.

>> Thank you. Yes, transparency is high on our list as well as the ensuring communication, multiple languages as well as -- at the correct literacy levels.

>> SABLE DYER: Thank you. There is a question from Caroline Chen. They -- I am not sure about pronouns but Caroline has disclosed that they are a health reporter at pro-Publica. Will providers can asked to regard demographic information and raise -- and to report that to -- VDH record that information.

>> Providers will be asked to record that information and it does go in a Virginia registry. It does not go on to the CDC, data sharing agreement what they are willing to provide and there is if there are recipients of the vaccine who are hesitant did not want to provide that -- they are able to climb to provide it.

>> We have question from Sheila can you describe how this vaccine differs from other vaccines. This is a similar question to one we received in our preliminary survey, people are concerned that they COVID is going to be injected in to their arm. So if you could Dr. Wheawill address those concerns.

>> So VDH, we certainly share the goal of safety. There has been a lot of misinformation shared about vaccines and general concern regarding the pace of vaccines that come to the market. But we want to emphasize that no safety steps have been skipped in the development and review of these vaccines. The vaccine process typically takes longer because there is financial risk in the manufacturing process as well as it takes longer to move from phase to phase. So in this situation the vaccines were purchased by the government removing the financial risk and that's allowed them to move through the recruitment and completion of the trials more quickly than otherwise they could. There's also been -- they have been able to build the plants and manufacture the vaccine concurrently while they have been testing it. So this allows the vaccine to be able to be shipped immediately once approved rather than not.

And finally those persons that review and make the decisions, the FDA and CDC and their careers are public health and scientists. As far as specifically how the vaccine works I think that one of the things that really like to provide and I will put it here in the chat, is a really simplistic but graphic overview of the process in which the vaccine works in the body. It was actually from New York Times today and it is a really really good overview to provide for you all. So I will pull that up really quick.

>> Thank you, Dr. Wheawill, I think is may be helpful for us to walk folks through, it is relatively new technology really an MRA vaccine. Talk about the MRA vaccine works versus the flu shot that we are encouraging folks to get, what are the differences there between those two vaccines?

>> Sure. Just second I want to talk through it while I'm pulling up this information. I think it is a good graphic if I can find it really quick.

>> No worries. No worries. I'm seeing that -- I just wanted to remind folks that while Dr. Wheawill is pulling up that resource, if folks are interested they can raise their hand to be recognized to make an auditory comment but thank you to those who are utilizing the chat function and seeing we have several additional questions there as well and I just want to remind the participants if you all have any questions for Dr. Wheawill, for our communications folks who are on the line or Mona Siddiqui. We are looking forward to receiving those questions during this portion. We have seven or so minutes left for this section here. I'm seeing I was reviewing the chat to try to make sure that we can try to consolidate questions to the extent that we can. But before I ask the next question, if you could Dr. Wheawill explain the difference between an mRNA vaccine versus the way that people are traditionally thinking that they are going to be injected with an inoculated like a dead version of the virus.

>> Unfortunately I can't find my link. So I'll just have to -- I will look for it while we are going on to the next section. But the mRNA vaccines they do not contain a live virus or carry any risk of causing the disease in the vaccinated person. The mRNA from the vaccine never enters the nucleus of the cell. It basically takes advantage of the process in which the cells in your body make these proteins which trigger an immune response and so in contrast to most vaccines which use a weakened or inactivated versions this actually helps to allow these -- this mRNA to go in inside the -- to enter the muscle cells near the vaccination site and create this protein which then can produce these -- help provide these immune systems to produce antibodies and fight a infection. The mRNA I'm going to try to find that.

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>> SABLE DYER: I have a follow-up to everyone who has registered. So we will be able to send that link to them as a part of the follow-up activity. We received a lot of questions and I think that we may have found the link I'm going to send it to you brooft privately to make sure this is the correct one. Thank you to Caroline Chen if this is the correct link. We received several questions about co-payments, people are concerned about out of pocket cost and whether or not this is going to be a cost prohibitive activity. So if you could walk people through the actions that the Commonwealth has taken to protect folks in their physical well-being as we seek to keep healthy and safe.

>> So the vaccine has been purchased by the Federal Government at no cost. So there will not be a cost to providing a vaccine to anyone receiving it. Those that are administering the vaccine may be able to administer the -- the -- they may be able to bill the insurance, the third party health plans for the administration of the vaccine. And that will -- that again will be paid through the health plans but not at the cost of any recipient, anyone who doesn't have insurance HHS has set up a way in which that -- they will then pay for administration. So there should be no cost sharing, no fee for anyone and no one should be turned away without having any sort of insurance.

>> SABLE DYER: Thank you. We are getting some questions about -- we have time for about three or four more questions. I'm going to try to group them thematically. We have had questions about safety and efficacy. Do we have data from either Pfizer or Moderna I know that Pfizer and Moderna are the furthest along but I know there are

others coming along in the pipeline. Do we have demographic specific information. Do we know the efficacy of the proposed vaccine candidates by race and ethnicity.

>> We don't have lot of that information and we are waiting on the ASIP and data to provide us specific information and about safety and efficacy among certain populations. Those that have been enrolled in the trials, represent -- there is a good representation of different populations. So -- and based on information that's been preliminarily released that is very safe and effective. So we are hoping to learn more from ASIP on specific populations.

>> SABLE DYER: Thank you. And the next question is about people are concerned or asking whether those who have a coverage from COVID is there guidance in terms of whether or not they should be vaccinated.

>> Right now the CDC has said those that have -- that have had COVID in the last three months should not receive the vaccine. But we believe or there likely will need to be at some point those persons may need to be vaccinated but right now it is -- it is those who have receive -- who have been diagnosed with COVID in the last nine months.

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>> SABLE DYER: I am going to group the remaining questions thematically. And if any specific questions that haven't been answered we can follow up with you all and you will have plenty of opportunities and outline in a few moments about how you continue to engage in articulate your questions and your concerns. So that we can make sure that we get answers out to you all. I also want to highlight that the -- the Siddall group is working diligently with our VDH office of epidemiology to create a frequently asked questions document. So we are hoping that a lot of these questions will be -- will be addressed on that document that will be available on our VDH immunizations website. So thank you all so much for raising these questions and we will do our best to make sure they are answered here tonight and are available to a wider audience on our VDH immunization website. So to round out our questions for part 1, we are getting a lot of questions about timeline. And people are wondering if we have updated information about the rollout of the vaccine for the general public and when it is going to get to the folks who are on this call, who may not be in some of those priority groups. If you could walk us through the thought process there and how the Department of Health is addressing that.

>> Sure. So we -- we have received new information that was provided by operation warp speed on December 3rd that we will receive approximately 480,000 doses of vaccine from two manufacturers by the end of December. If -- assuming they are authorized by the FDA. And those estimates based on the again the CDC advisory committee for immunization has practices, ASIP has recommended those for health care personnel. The -- the first shipment of vaccine is expected to be received this -- in the next week or so. And it will require the ultra cold storage, this first shipment will be distributed directly to geographically diverse health care systems with the capacity and will go to ultracold personnel and specifically to cover high risk health care workers. We are looking for -- and then accordingly VDH will distribute the vaccine as more allocation becomes available and it is important to note that that this is VDH's initial

plan which, of course, requires -- requires ASIP recommendations to finalize it. This is a moving target and dependent on when and how quickly vaccination doses are manufactured. And then we will move forward as we move forward to expanding it among other higher priority -- higher priority groups based on both ASIP recommendations.

>> SABLE DYER: Thank you. We have one last question and I'm going to articulate but we are getting some fairly nuanced questions about citizenship and geographic locations. We are recording the sessions that are coming through the chat. We will be sharing those to the internal team to make sure all of these questions are adequately answered and also facing component but we want to again share space with this. We don't want us talking to you and we want to hear from you all in the public comment period. So the last thematic question is related to -- is going to be related to like geography. And people are concerned about how this is going to be tracked. So we know that people have to receive two doses. What are the steps in place that VDH has to track the folks to make sure that person gets Pfizer part 1 but not Moderna part 2 and also how our people who live closer to contiguous borders. Those -- how do we ensure that folks from those neighboring states aren't depleting the Virginia supply of vaccine. Dr. Wheawill.

>> Can you ask that one more time? I lost a little bit of Internet there. Can you ask that one more time about the missed part of your question?

>> SABLE DYER: No worries. I also have had Internet connectivity issues today. The question was about making sure that we protect Virginia's vaccination supply especially in those areas where we have contiguous borders like in the Northern Virginia area with the Maryland DC and Maryland area and in the south, to the south where we have borders with Tennessee and north Carolina. Is Virginia taking any steps to make sure that people aren't going to cross borders to get vaccinated here in the Commonwealth.

>> Sure. To answer your question we are working very closely with our health care systems and our local health departments to ensure that there is -- there is coverage of vaccine for those who may work in Virginia but then reside in another state. We also are working closely with our -- with our adjoining states and jurisdiction to ensure that there appropriate coverage and also to ensure that there is coverage within their state. At this point we are working to ensure that the vaccine supply for Virginia is for our Virginia residents but also recognizing that we have some areas where there could be people who either live and reside in separate areas and then making sure that there is appropriate coverage for those persons within one -- one of the jurisdictions.

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>> SABLE DYER: Fabulous. Thank you so much to Dr. Wheawill to Kira Siddall and also to Mona Siddiqui to your initial comment and willing to stay for this part to share your insights, to express your interest and to truly open the doors between our AAPI community and so we can have those conversations. We will be sharing the transcript of the questions with our vaccination unit within VDH so we can continue to make sure that these questions are incorporated to the extent that they are not already addressed within our frequently asked question document that these questions are added so we

can make sure you all have answers and as part of our follow-up we make sure that you send the recording of this conversation, the link to the -- and New York Times article that Dr. Wheawill just outlined and mentioned earlier. And also a link to that FAQ document that should address several of the questions that have been raised today. So thank you all to -- to you all. That will conclude part 1 of our conversation. To the participants don't leave just yet. We are hoping that you all will stick with us because again this is a two-way communication. So at this point we want to open up the floor to hear from you all and to facilitate and to open us there. I would like to introduce Suja Amir. She is the Vice Chair of the Asian advisory board here in the Commonwealth of Virginia and I would like to bring on and welcome Suja. She has been an incredible ally and great companion with us as we have been doing health equity. I'm going to open things up to Suja to prepare to provide remarks and then after that if you all could prepare yourselves for the public comment period, we would love for you all to raise your hand, utilizing our chat feature. And each person will be recognized to speak for 60 seconds. But as we prepare for that moment, Suja are you there?

>> Thank you. My name is Suja Amir and I am a member of our health care committee and a member of the COVID-19 health e kwit at this task work group. As others we make recommendations to the governor on issues impact our community. We learning that our communities like others are disproportionately impacted by COVID-19. In API community Filipino immigrants make up 28% of our nurses. Health care is tied to employment and therefore continue to be exposed to higher rates of COVID-19 and it is right intimately because of longer exposure rates. The most recent report according to national nurse's union indicate that more half of registered nurses of color who have died to date have been fully pee know and it is about 54%. Let your voices be heard on what questions and concerns you have and what you think the needs of your community are. I look forward to hearing from you all.

>> SABLE DYER: How we are going to transition to our public comment period. If you can raise your hand via the Zoom functionality and why i will be calling on each individual to speak during the session and utilizing this phone here to keep time. Each individual will have a minute, that's 60 seconds and that's to speak. And you will get an indicator at the end of those 60 seconds indicating that your time is up. And then you will mute your line shortly after that indication. We know that there are some people who may be joining us via telephone and may not have that Zoom capability. So if you would like to -- if you are not able to raise your hand and you are only joining via telephone, this isn't only opportunity for you to share your questions, comments and concerns. You can e-mail your questions and comments to OHE@VDH.Virginia.gov.

And we will be sharing this information to everyone who has registered as follow-up if you all are unable to unmute your lines.

So at this point if there is anybody who would like to have the opportunity to raise a public comment, specifically would like to hear what are you thinking, what are your thoughts, what are your feelings about the vaccine. What are pieces that are so important that you want the Virginia Department of Health to be aware of, so we can incorporate those in our messaging and help the choose messenger that will be most

effective to convey that message. I am seeing a hand raised by Suman. Are you there?

>> Yes, I'm hear. Thank you. I have a quick question and a comment that where in our community lots of people, we are embarrassed in the beginning to talk about if they were infected and stigma and other stuff in the community and avoiding reporting because they could be missing out job where they are working shift by shift and they didn't want to report it at the job. How we plan to reach out to those communities. How we plan to engage community-based organizations so we have a better reach out and imposing the need they get help, and they don't run after -- they don't -- they get the right information about the vaccine and get advantage of it. If there is any plans laid out by this.

>> SABLE DYER: Thank you. And we will definitely raise that and make sure that that concern is integrated in to our planning efforts. Are there any other comments? I'm not seeing any other hands raised but I am going to take a look in the chat. Adil?

>> Yes. Hi. I'm Adil. I'm in Northern Virginia and my -- I guess this has been very informative. And it is very helpful. And certainly I have noticed certainly a lot of the health care workers particularly in retirement communities or recovery homes and rehabilitation facilities I'm minority groups of all different types. So it will be very helpful to make sure they are vaccinated and all that. We have got a potential of multiple vaccines coming along. And, you know, and the Federal Government is going to be acquiring these and distributing them in some shape or form. How that happens although details are still very fuzzy and how we get distributed within the state is very fuzzy in terms of is it going to be by population, which countries have the hot spots at that time. Et cetera, et cetera. I understand those are the details that will figure out as time goes by. There will be some place where you get that information. Much as we can get that -- there is a 411 website where you can look up and see how much -- what the case were for your local area that day.

But the other side of it is there a way to for a person to prefer a particular vac or discriminate against a different vaccine, there is a Pfizer one or AstraZeneca that's on the horizon or you get what's available when your time comes and then is there going to be a way of notifying people who are at say (inaudible) and those communities. Certain ones like as tra Zen ka vaccines are supposed to being stable at room temperature and others are stable up to minus 20. A few people have that capability. But the other ones will they be distributed through say GPs and others? Just as other vaccines.

>> SABLE DYER: Absolutely. Thank you so much Adil. We can certainly raise that as questions about how will people be able to choose which vaccine that we would like. We can certainly raise that as an issue and thank you so much for articulating that as a question. And as a -- and as a comment. Are there any other comments? I'm looking through the chat. I'm seeing Erik Lin you are recognized.

>> Erik: Thanks for taking my question allowing me to speak. Just quickly, I think everyone needs to hear this. We need to get to 60 to 70% people who have either the antibodies or get vaccinated in order to be effective. So we are looking for people to

help pass along the messaging about the efficacy and safety of the vaccine. Is that correct?

>> SABLE DYER: Uh-huh.

>> Okay. So somewhere communities are going to need some of these materials like in some kind of written form. Is the VDH going to have this documentation and we probably need it in language for some of the communities. Mainly hitting on the functionality of the MRNA virus, I mean on vaccine versus the attenuated virus vaccines that we have come associated with vaccines. And then the safety, not cutting corners even though has been politicalized and the cost as well as the access to the vaccines. I know that what the pharmacies CVS and Walgreens have been contracted to provide the first I guess the place where people can go to get that. But what other avenues can they go to get the vaccines. So I'm assuming you guys put this all up in to some bulletins from the VDH so this can be passed out or sent out through e-mails?

>> SABLE DYER: Absolutely. That's one of the reasons why we had the Siddall group on our call today to introduce them to you all or perhaps reintroduce to others who may be familiar with their work as they have been engaged in some other communications efforts with some other agencies. But yes. That is absolutely a part of our plan. We want to make sure that our information is as accessible as possible. There are going to be fact sheets and toolkits and other public health information available via that website that was shared via the chat and on the slide that will be made available to you all. But yes, the idea is for us to make sure that it is not just VDH being the messenger, that we are also empowering our community partners to have the information that they need to convey that message to the community as well.

>> Yeah, do you know when these materials will be available?

>> SABLE DYER: I will press pause here and defer to our vans Siddall partners to that answer.

>> We are currently working on getting those fact sheets approved and making sure that they are factually correct. So I think Sable if it is okay I will follow up with a schedule for you to share after this event that has some more specific dates to it. Yes, we are going as quickly as possible. I know it is -- we wish we had these materials now.

>> Great. Thank you.

>> SABLE DYER: Thank you Kira and thank you Eric. I'm looking to see if there are other hands raised. I'm not seeing any other hand raised. This is our public comment period for folks to raise questions. To articulate comments. In particular as things may be percolating in folks' hearts and minds, we really want to hear about vaccine hesitancy. Are there any specific concerns, any particular communities, especially within the Asian American and Pacific islanders population here in the Commonwealth of Virginia, are there any messages that we need to convey as a health department to your community that would resonate to allay any vaccine concerns. So if you could -- if you want to make a verbal comment, please raise your hand so that you can be recognized for our public comment period. While we are waiting for hands to be raised, I do want to just speak out loud on some of the questions that I have received via the chat box. There are questions about -- more questions about timeline, about when

does the rest of the vaccination get vac sinnated after the first lot is exhausted. There are questions about the con flattion, like the responsibilities between federal and state agencies. Is the Federal Government in charge of the distribution of vaccines. Or are there state parameters. People are wondering to what role Virginia has aton mi over who is being chosen for the vaccine in that timeline.

And those -- the other questions it appears most of them have been addressed during our Q and A section. And again I want to reiterate again we are having this public comment time for you all to share with us your questions and your comments and concerns. Are any other pieces that you would like us to lift up in this moment that you would want us to report back to the leadership at VDH? I'm seeing a Adil. You are recognized.

>> Okay. I'm sorry for the second phase. Two quick questions. One, significant portion of our population goes under the radar, whether you call them illegal or. What how do you reach out to them because they are very vulnerable. And the people in the Commonwealth who are say on other statuses like refugee status, et cetera, et cetera, they are not necessarily legal but they are on fringes. And very often can be hit pretty hard by something like COVID. Is there any -- going to be any special effort to reach out to these populations because particularly with the "beneath" radar population. They are working in jobs that get in to contact with other folks.

>> SABLE DYER: Absolutely and that's is such important comment. I appreciate -- thank you so much for bringing that up, Adil. I know that we are fine-tuning our communication efforts to ensure that we are engaging all of the vulnerable populations within the Commonwealth of Virginia. Especially those who may have that particular concern. So I know that that is an activity we actually talk I think that it was at like 2 o'clock today with the advanced Siddal group with engaging some of those particular communities. So it is something that is forthcoming and something that's at the forefront of our minds. And in our communications planning. So I hate to be vague but I hope that you can trust that you have folks who are passionate and who are feverantly working to make sure that communities are protected and that's certainly an issue that we are considering there.

I'm seeing some additional questions and comments raised through the chat. So as I do not see any other hands raised again, I encourage you to -- if you are interested in articulating your concern, raise your hand so you can be recognized. I am going to read out some questions that have been raised via the chat. There is a question about the percentage of population that needs to have antibodies, either from being infected or receive vaccine in order to achieve herd immunity. Another question or comment that I see is could we reach out to you later with any more questions comments and concerns in and how to do that. This isn't going to be your only opportunity for us to illicit your concerns and feedback. We encourage you all to -- if you have a long form kind of free style public comment that you would like to leave we would encourage you all to e-mail the office of health equity. OHE@VDH.Virginia.gov and you can e-mail your comments there. We are compiling those to be reviewed by our VDH vaccination unit and make sure we are addressing those issues there.

The other piece is that as a follow-up to this event we have also developed a survey. We know that if you are like me, I'm going to wake up -- I am the kind of person who would sit in this meeting and would wake up at 2 a.m. the next day oh, I should have asked this question or made this comment. We want to make sure there was a way for you all, and we are very cognizant that there is the dinner hour for those individuals who may be working in the evening or be getting ready to go to work in the evening. This may not have been as convenient of a time. So we are also going to have a follow-up survey available to -- and all those who registered for today's event and we encourage you all to share this survey throughout your network because you want to hear from as many people as possible because again this is a collaborative process. Our communications efforts our vaccination efforts are only going to be as strong and our community partners and only going to be as informed as the information that we get from ears on ground. And thankfully it to the 100 plus people who have joined us so far tonight we have been able to get some insight but we are hopeful that you all can continue to share that information there.

So please share excuse me, the follow-up survey as well as long your -- your long form comments to our OHE e-mail address. That would be the best way for you to share additional pieces. I'm not seeing any other hands raised via the chat. But I am seeing some additional comments via the chat box. So one of the comments that has been raised is aside from distribution through free clinics, CVS and Walgreens are there plans to have mobile or outreach clinics to specific communities to remove any barriers to accessing places where folks can get vaccinated. Thank you for raising that concern, Abby. I'm also seeing -- thank you May for letting people know that they can reach out to us via OHE@VDH.Virginia.gov for their comments and additional questions. And I'm seeing some questions about folks being required to take this vaccine. And there are some questions about mandates here. And I'm just wondering, I know this is supposed to be our public comment period. But Dr. Wheawill if you can hold on for a few moments that I'm going to read through the rest of the comments and if we can address the issue about mandating the vaccine. There have been several questions that have come to me both privately and via public chat, about mandating the vaccine. I am going to read through the rest of the comments in the chat.

I'm seeing additional questions about how to share information. So thank you Twal for sharing that and thank you to Jasmine for putting the e-mail address in to the chat. It is Ohe@VDH.Virginia.gov and that looks to exhaust the questions in the chat. I'm not seeing anything additional hands raised. I will hold space for public comments. But while we wait to see if there are any other questions in the chat, or comments in the chat, and if there are any other hands that are going to be raised, while we wait for that, Dr. Wheawill since you are still available if you could address the question about mandating vaccines either by racial or ethnic groups or by vocational status. For example, health care workers.

>> Sure. So I definitely think we can put that at rest. The governor has certainly emphasized that there is no plans right now -- there are no plans period, to mandate the COVID vaccine. I want to emphasize that it is focused on accessibility, affordability and fair distribution but not a vaccine mandate.

>> SABLE DYER: Absolutely. If we can say it once, we can say it a thousand times. Wanting to reiterate it is the position of our governor for there not to be a vaccine mandate. This is going to be a data driven process that respects personal autonomy and individuals to make the decisions about what works best for themselves and for their families. So I just wanted to underscore that. And I'm seeing that there is an additional question, what was the name of the organization that is planning on covering the administration of the vaccine for those uninsured. It is through HHS. It is the federal Department of Health and human -- HHS is health and human services. Yes, indeed.

Dr. Wheawill, did I get that right?

>> Yes. Correct. HHS which is part of the -- is the Federal Government and the Department of Health and Human Services. And they are the ones that have put together some relief funds for the provision of -- to provide vaccine to everyone regardless of insurance status. Furthermore, CMS has helped with making sure that there are consistent billing practices among all providers and CMS is the centers for Medicare and Medicaid services.

>> SABLE DYER: Absolutely. Thank you so much Dr. Wheawill. And we are going to -- since we don't have any additional public comments, we are going to -- we are going to go back to our kind of Q and A piece because a lot of the pieces that I'm seeing in chat are specific questions. So we have about nine minutes left in our reserved time together. And the question that I see is raised in the chat is will we be getting a written document, something akin to a vaccination passport to show as proof that individuals have been vaccinated?

>> Yes. So everyone that's vaccinated will receive a vaccination report card that will be provided with the vaccine.

>> SABLE DYER: Excellent. Excellent. I am not seeing any additional questions in the chat. Again wanting to make sure this is the final call to see if there are any individuals who have questions, comments or concerns that they would like to raise for our public comment period before we move in to our final comments for this evening. We will hold some space. I will hum the jeopardy song to myself.

>> I see two questions that we can address really quick. One about the vaccine effectiveness of children. That's one of the populations that will be studying and we will look for the clinical trials and we don't have that information yet. I have seen some data where some Pfizer is currently enrolling children 12 to 18 years of age but that data is not available right now. And another question I think is a really good question is about plans to have mobile and outreach clinics and to specific -- have been having a lot of conversations about as you are aware and we are looking at our public health to ensure that there is the ability to go to communities and not have people come to us for vaccination. And so the answer in short is yes, that there are plans to have mobile and outreach clinics and to be able to have these in the communities of those who are prioritized at that time that population.

>> SABLE DYER: Absolutely. And then there is another question that I am seeing in the chat. Do we have to get vaccinated every year, like a flu vaccine?

>> I wish I could help answer that. But that we don't have the data right now to be able to provide what -- at what schedule a vaccine would be needed or if it is a one shot situation.

>>.

>> SABLE DYER: Thank you so much for that transparency. I'm also seeing a question about when will the recording of this session be available. It takes a couple of hours for the recording to render from Zoom and we are going to be sharing that with our partners and that same website. And if the -- Jasmine if you could again share website that we have for our vaccination groups we will make sure that this information is available there. The flyer for this event ab the rest of the events that we will be hosting throughout this week and next week has been posted there and we will make sure that that recording and the powerpoints is available for you all on the immunization -- the advisory work group website.

Just doing a final call. We have about five minutes left in our session for today. Is there anybody who would like to be recognized for an audio public comment for a minute, please raise your hand and if there are any burning questions that you all may have, if you all would like to uplift those in the chat, we will hold space for a few moments to do that before we close out today.

But again this is the last call for an audio public comment or to a written comment in the chat. While we are waiting for that, I certainly want to thank, we had over 140 people register for our community conversation with the Asian American and Pacific islander community tonight. I want to thank you so much for sharing your questions, comments and concerns and I am seeing additional question on thank you to Shawn. Dr. Wheawill there is question does proof of administered vaccine allow an individual not to wear a mask in a public setting?

>> Hey so we believe that the vaccine will be part of our mitigation measures. Thankfully we have a number of weapons in our arsenal to fight COVID. Even with an effective vaccine we will have to use some of these other mitigation strategies for some time. I don't know that that will necessarily mitigate the need to wear a mask immediately.

>> SABLE DYER: Thank you for that clarification. And I think that that exhausts the questions in the chat. And I'm not seeing any other hands raised. So I will give you all three minutes back in your day. Again thank you to Mona Siddiqui of the overs of diversity and, equity and inclusion in the governor's office. Thank you to Dr. Wheawill and thank you to Suja Amir and thank you especially to each one of you all who have been able to join us this evening who have raised your questions your comments and your concerns. Please know that we are wholeheartedly internalizing this information. Also thanks to so our Siddall group joining this evening. What we very learned from you all this day, we will used to develop the messages that will resonate with the Asia and Pacific island community. Thanks to to our chair and Vice Chair of our communications and messaging subgroup. And also I want to say big thanks to my right and left hand, Veronica Cosby and Jasmine Smith. Your do incredible work. This is a beginning of what I hope will be a robust conversation. Know that this door is open. We want this to be a transparent and collaborative process. And thank you so

much for participating this evening. And we look forward to engaging you in conversations to come. I hope you all have a good evening. Good night